



CENTRAL INTELLIGENCE AGENCY
WASHINGTON, D. C. 20505

Executive Registry
82-1508/1

PUBLIC AFFAIRS

Phone: (703) 351-7676

9 June 1982

Dr. Paul J. Edelson
Program Coordinator, Adult Courses
Resident Associate Program
The Smithsonian Institution
Washington, DC 20560

Dear Dr. Edelson:

Thank you for your recent letter to our Director, Mr. Casey, requesting that he sign a contract with the Smithsonian Resident Associate Program in connection with his speaking engagement on "Great American Battles of World War II: New Perspectives" Thursday, 15 July, from 6:00-7:30 p.m.

Since Mr. Casey will not receive an honorarium nor does he need any audio visual equipment, it is not necessary for him to sign the contract. As you specified on the phone, we are returning the contract indicating this information. I will appreciate hearing from you as to the exact location of the presentation and who on your staff will be introducing Mr. Casey.

Enclosed is a photograph and biography of Mr. Casey. If there are any further questions, please call [redacted] on

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Sincerely,

[redacted signature box]

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PUBLIC AFFAIRS DIVISION

OEXA/PAD/ADB/scn/9 Jun 82/x7676
Distribution:

Orig. - addressee

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RESIDENT ASSOCIATE PROGRAM

AGREEMENT

FOR THE PURPOSE OF UNDERSTANDING BETWEEN THE PARTIES CONCERNED, THE AGREEMENT IS MADE AND SIGNED:

THE UNDERSIGNED AGREES TO SERVE AS A PRESENTOR FOR

GREAT AMERICAN BATTLES OF WORLD WAR II: NEW PERSPECTIVES

(TITLE OF EVENT OR ACTIVITY)

ON Thurs., July 15, 1982 AT 6 to 7:30 pm CODE 371-502
(DATE) (TIME)

FOR THIS SERVICE, THE SMITHSONIAN RESIDENT ASSOCIATE PROGRAM SHALL PAY TO THE UNDERSIGNED AN HONORARIUM WHICH CONSTITUTES FULL PAYMENT AMOUNTING TO \$ NONE PER PRESENTATION. PAYMENT WILL BE MADE AFTER THE DATE OF THE PRESENTATION BY CHECK ISSUED FROM THE SMITHSONIAN AND MAILED TO THE ADDRESS INDICATED BELOW. THE INSTRUCTOR AGREES THAT THE SESSION MAY BE AUDIO OR VIDEO TAPED FOR THE USE IN EDUCATIONAL PROGRAMS.

IF THE PRESENTOR IS PRESENTLY EMPLOYED BY THE SMITHSONIAN INSTITUTION, THE SERVICE WILL NOT BE PERFORMED ON SMITHSONIAN TIME.

IT IS UNDERSTOOD THAT THE PRESENTATION MAY BE CANCELLED IF THERE IS INSUFFICIENT REGISTRATION TO WARRANT HOLDING THE ACTIVITY OR IF CIRCUMSTANCES OCCUR BEYOND THE CONTROL OF THE PROGRAM (i.e., NATURAL DISASTERS, RIOTS, WARS). SUCH A CANCELLATION WOULD RENDER THIS CONTRACT NULL AND VOID.

PRESENTOR

WILLIAM CASEY

(NAME, PLEASE PRINT)

(SIGNATURE)

(DATE)

MAILING ADDRESS

FOR THE SMITHSONIAN INSTITUTION

(SIGNATURE)

CONTRACTING OFFICER

RESIDENT ASSOCIATE PROGRAM

(DATE)

ZIP CODE

SOCIAL SECURITY NUMBER

TELEPHONE NUMBER

(OFFICE)

(HOME)

(FORMS SUITABLE FOR TAX REPORTING WILL BE FURNISHED WHEN TOTAL FEES EXCEED \$600 ANNUALLY)